CIVILIAN EMPLOYEE F	or use of this form, se		VER OF ERRONI 4-4/AR 37-104-10;			
_ _	PART I	(TO BE COM	PLETED BY PAYEE)			
1. TO: (Commander)		2. FROM (Payee)		3. SSN	4. DATE	
			<u></u>	5. GRADE	6. GROSS AMOUNT OF	
			[o. GHADE	EPMT	
7. PRESENT ORGN OR AGENCY	8. TYPE	OF EPMT	L		9. AMT OF EPMT REPAID	
10. CAUSE OF EPMT					9a. REFUND REQUESTED	
11. WHEN AND HOW EPMT WAS FIRST DISCOVERED						
12. EFFORT MADE BY PAYEE TO F	EPORT EPMT					
13. SIGNATURE OF PAYEE						
	DEDCON	INITIATING	ADDITION (OTHE	D THAN DAVE	=1	
PERSON INITIATING APPLICATION (OTHER THAN PAYEE) 14. TYPED NAME 15. REASON						
16. ADDRESS			17. SIGNATURE OF PERSON INITIATING APPLICATION			
APPLI			ATION RECEIVED			
18. NAME AND TITLE (TYPE OR PRINT)		16	a. SIGNATURE	19. DATE		
	PART II (TO BE C	OMPLETED	BY INVESTIGATING (DEFICER)		
20. TO: FAO	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21. FROM			22. DATE	
23. DATE EPMT DISCOVERED			24. AMOUNT DETE			
5. DO VOU NO. 26. DSSN			27. AMOUNT OF EPMT		28. DATE PAID	
29. CIRCUMSTANCES UNDER WH	ICH EPMT WAS MADE					
30. INFORMATION AS TO INDICAT	ION OF FRAUD, MISRE	PRESENTATI	ON, FAULT, OR LACK	OF GOOD FAI	тн	

31. INFORMATION INDICATING KNOW Statement, Special Orders, etc.) 8		AVING RECEIVED AN EPMT (Such as Leave a	nd Earnings		
32. CORRECTIVE ACTION RECOMMEN	NDED TO PREVENT SIMILAR EPMT				
OO NAME ORANG AND TITLE (Turned	,	age CIONATURE			
33. NAME, GRADE, AND TITLE (Typed)	33a. SIGNATURE			
	PART III (TO BE COMP	LETED BY THE FAO)			
34. HAS A NOTICE OF EXCEPTION BE	EN ISSUED BY THE COMPTROLLER OF				
YES UNO			36. AMOUNT COLLECTED		
OURRENT MONTHLY COLLECTION	۱۵				
37. TYPED NAME, GRADE AND TITLE	1 \$	37a. SIGNATURE			
38.	DATA REQUIRED BY THI	E PRIMARY ACT OF 1974			
	(5 U.S.C				
AUTHORITY:	Public Law 90-616 as amended by PL92-453				
PRINCIPAL PURPOSE(S):	To obtain information for the processing of an Application for Waiver of Erroneous Payment				
ROUTINE USES:	To determine the amount of erroneous payment applicable for waiver consideration, whether the person charged with the erroneous payment had knowledge of the erroneous payment prior to being officially notified, to determine the circumstances that caused the erroneous payment, amount in detail, and any amounts repaid. The form is also used to furnish information to USAFAC and GAO recommending approval and/or disapproval of waiver, in full or in part.				
DISCLOSURE:	Mandatory. If the information is not received waiver application cannot be processed.				